

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING**

<http://www.azdhs.gov/als/childcare/index.htm>

Center Initial License

**Application
Packet**

This Packet includes Two Parts which may be completed and submitted together.

Part I Includes:

- 1. Application Packet Instructions Part I**
- 2. Agricultural Land Notification Form**
- 3. Child Care Physical Plant
Architectural Evaluation**
- 4. Guidelines for Fingerprinting Registration**
- 5. Criminal History Affidavit**

Part II Includes:

- 1. Application Packet Instructions Part II**
- 2. Notarized License Application Form**
- 3. Attachment to Application including
Controlling Persons**
- 4. Controlling Persons Guidelines**
- 5. Director Qualifications form**
- 6. New Facility readiness Self Checklist**
- 7. Applicant, Staff and Resident Report**

Application Packet Instructions Part I

1. Contact local zoning office to obtain proper permit (if applicable), licenses are attached to a specific address.
2. Contact local County Health Department for kitchen plan review (if applicable).
3. Obtain an *Installation Permit* from the Office of Manufactured Housing for facilities with MODULAR buildings.
4. Obtain any agricultural land owners names and addresses, (within ¼ mile of facility) complete and send in the *Agricultural Land Notification Form* with your packet. Send a copy of the Buffer Zone requirement and records that the agreement is in the Office of the County Recorder as a restrictive covenant running with the title to the land (if applicable).
5. Call DPS to request fingerprint information:

Department of Public Safety
Applicant Clearance Card Team
P.O. Box 18390
Phoenix, AZ 85005-8390
(602) 223-2279

6. Send the *Child Care Physical Plant Architectural Evaluation* with drawings attached to:

Arizona Department of Health Services
Office of Child Care Licensing
150 North 18th Avenue, Suite 400
Phoenix, AZ 85007
(602) 364-2539

7. Attend a Department provided New Owner Training and submit a copy of the *Certificate of Achievement* per R9-5-201.A.5.e.

ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing

AGRICULTURAL LAND NOTIFICATION FORM

MUST BE RETURNED WITH THE CHILD CARE PHYSICAL PLANT ARCHITECTURAL EVALUATION

Please answer the following:

NAME OF PROPOSED FACILITY: _____

ADDRESS: _____
CITY STATE ZIP COUNTY

CONTACT PERSON: _____
PHONE

PER

A.R.S. § 36-882(B)(2) "An application for a license shall be made on a form prescribed by the department and shall include all information required by the department and the names and addresses of the owners and lessees of any agricultural land within one-fourth mile of the facility. Within ten days of receipt of an application for a license, the department shall notify the owners and lessees of agricultural land, as listed on the application."

A.R.S. § 36-882(D) "The department shall deny any license that affects agricultural land regulated pursuant to Section 3-365, except that the owner of the agricultural land may agree to comply with the buffer zone requirements of Section 3-365. If the owner agrees in writing to comply with the buffer zone requirements and records the agreement in the office of the county recorder as a restrictive covenant running with the title to the land, the department may license the child care facility to be located within the affected buffer zone. The agreement may include any stipulations regarding the child care facility, including conditions for future expansion of the facility and changes in the operational status of the facility that will result in a breach of the agreement. This subsection shall not apply to the issuance or renewal of a license for a child care facility located in the same location for which a child care facility license was previously issued."

1. Is the proposed child care facility located within one-fourth mile of any agricultural land?

___ Yes ___ No

2. If yes, list the name and address of the owner(s) or lessee(s) of agricultural land as indicated in (1) above.

NAME	STREET	CITY	ZIP CODE

SEND DOCUMENTATION THAT THIS AGREEMENT HAS BEEN RECORDED WITH THE COUNTY

CDC# _____

ARIZONA DEPARTMENT OF HEALTH SERVICES

CHILD CARE PHYSICAL PLANT ARCHITECTURAL EVALUATION

Dear Child Care Provider:

The expectation of the general public and a preliminary requirement of the Office of Child Care Licensing (OCCL) is that a building or physical plant of any facility used for the care of infants and children be evaluated for construction safety and building code compliance.

It is a requirement for the provider to obtain a *Child Care Physical Plant Architectural Evaluation* through their own contracted architect to certify that new and existing facilities have been checked for compliance with the local building codes and with the child care rules for the physical plant.

A provider or architect may call at any time for assistance with the building's design, remodeling, or in preparation for use as a child care facility. The Architectural Review Unit can be reached by phone at (602) 364-2536, or by fax at (602) 364-4769.

The Office of Child Care has compiled a list of architects who are interested in evaluating child care facilities statewide which you may request by calling the Office at (602) 364-2539 or by logging on to <http://www.azdhs.gov/als/childcare/index.htm>

Enclosed: *Submittal Instructions*
Child Care Physical Plant Architectural Evaluation

This document must be completed by an architect.

DRAWING REQUIREMENTS

AAC R9-5-607

Provide the following documents:

- A.1. A short narrative indicating the scope and special nature of the project.
- A.2. One copy of the final architect's drawings, approved by city, with necessary information to show compliance with these rules. A half size drawing set may be submitted, provided the dimensions and printed information is legible. Also, provide an 8½"x11" reduction of the floor plan and the site plan.

ADHS may have existing record drawings at the Phoenix Office. Your contracted architect may review these drawings as he prepares the *Child Care Physical Plant Architectural Evaluation*, even if the drawings were prepared by another architect. These drawings will then be cross-referenced to your facility license. Provide a written request for copies. Your architect may supplement these drawings by indicating the current as-built condition on a new floor plan.

- A.3. A draftsman's drawing is accepted for buildings with an area of less than 3000 sq. ft. and with less than 20 occupants (children and staff).
- A.4. If the building is newly constructed, added to or remodeled, provide copies of the following when ready for occupancy and ADHS inspection.
 - 1. **Certificate of Occupancy** issued by the Local Building Department.
 - 2. Fire Alarm Testing Report
 - 3. Fire Inspection report

Drawings shall include the following:

I. SITE PLAN

A site plan, drawn to scale which includes:

- Location of building(s) with site dimensions.
- Accessible routes & ramps.
- Location of parking and drive paths.
- Major street names.
- Adjacent buildings, if the facility is located in a shopping center or school.
- North arrow, drawing scale and site plan key notes.
- Fenced playground adjacent to building, with area, type and height of fence, and gates.
- Proposed shade.
- The location of swimming pool, if applicable, and the protective fence.

Submittal Instructions Continued

II. FLOOR PLANS

The floor plan shall be an architectural drawing, drawn to scale. Indicate the rooms to be licensed with the following information:

- ___ Room number/name.
- ___ Purpose of room.
- ___ Square footage of each room.
- ___ Age group of children using each room (infant, one year olds, preschool, school age).
- ___ Toilet rooms and fixtures, including accessibility requirements (if applicable).
- ___ Diaper Changing Area: indicate location of counter top and adjacent sink within each room that will have diapered children.
- ___ All cabinets, sinks, drinking fountains, fire extinguishers, smoke detectors, fire alarm-pull stations, horns/strobes, etc.
- ___ Wall and floor finishes.
- ___ Direction of door swings and the width of the doors.
- ___ North arrow, drawing scale and floor plan key notes.

III. BUILDING CROSS SECTION

The building cross section shall be an architectural drawing, drawn to scale, which includes the following information:

- ___ UBC construction type.
- ___ Building materials.
- ___ Structure (roof and floor framing, etc.)
- ___ Foundation and footings.
- ___ Any additional comments, if needed.

IV. SPECIAL REQUIREMENTS: FACTORY-BUILT BUILDING

Factory-built buildings and their foundation systems shall be approved for **permanent installation**, at the facility address, by the *State Office of Manufactured Housing* (OMH), Department of Building and Fire Safety, per ARS §41-Chapter 16 and R9-5-607 (E).

Submit copies of OMH approved documents, site plan, floor plan and foundation plan, drawn to scale. Submit *OMH Installation Permit*.

V. SUBMIT DRAWINGS, ***CHILD CARE PHYSICAL PLANT ARCHITECTURAL EVALUATION,*** **AND ALL OTHER ITEMS TO:**

The Office of Child Care Licensing
150 North 18th Ave., Suite 400
Phoenix, AZ. 85007
Phone: (602) 364-2539

ARIZONA DEPARTMENT OF HEALTH SERVICES CHILD CARE PHYSICAL PLANT EVALUATION

Name of applicant / owner, or school district: _____

Contact person: _____ Phone # _____ Fax# _____

Name of facility: _____

Address of facility: _____ City _____ Zip _____

Cross streets of facility: _____

Mailing address: _____ City _____ Zip _____

Facility telephone: (____) _____ FAX: (____) _____

Is the facility a
☐ Public school
☐ Charter school
☐ Private facility

APPLICANT / OWNER STATEMENT

I request that the Arizona Department of Health Services accept the attached *Child Care Physical Plant Architectural Evaluation* as certification that the child care facility described complies with the Arizona Revised Statutes and Administrative Rules. I understand that by signing below, I attest to the accuracy of the information contained herein.

Signature of applicant or designee: _____ Date: _____

Name of architect: _____

Architect Seal Here

Name of firm: _____

Address: _____ City _____ Zip _____

Telephone: (____) _____ FAX: (____) _____

ARCHITECT STATEMENT

I certify to the best of my knowledge and belief that this building design is in substantial compliance with the minimum Licensure requirements of the Arizona Department of Health Services for construction or modification of this child care facility; and that the information contained in the attached *Child Care Physical Plant Architectural Evaluation* is accurate. I certify that I have complied with all provisions of the Rules of Professional Conduct in reviewing this facility and preparing the Evaluation. (AAC R4-30-301)

Signature _____ Date _____

FOR OCCL USE ONLY	TOTAL CAPACITY	INFANTS	ONE YR. OLDS	DATA INPUT DATE:
FACILITY # CDC-	PREVIOUS #	L.S. #	OFFICE: PHX TUC FLA	INITIALS

CHILD CARE PHYSICAL PLANT ARCHITECTURAL EVALUATION – to be completed by the provider’s contracted architect.

[References represent the Arizona Administrative Code. R9-5-101(88)]

This Submittal represents:

A. A building not currently licensed: R9-5-601 and 607.

- ☐ 1. New construction
- ☐ 2. An existing unlicensed building
- ☐ 3. A public school building for children younger than school age

B. A Change of Ownership for a facility currently licensed for CDC#_____R9-5-601 and 607.

Note: A different Submittal form is used for school age children in public school buildings. **Do not use this form.**

1. CHILD CARE SERVICES CLASSIFICATION

- | | | | | | | | |
|-----|---------------------|--------------------------|--------------------------|-----|--|--------------------------|--------------------------|
| 1.1 | AGE GROUPS | Yes | No | 1.2 | PROGRAM | Yes | No |
| | School Age | <input type="checkbox"/> | <input type="checkbox"/> | | More than 4 Hours | <input type="checkbox"/> | <input type="checkbox"/> |
| | Preschool | <input type="checkbox"/> | <input type="checkbox"/> | | Evenings | <input type="checkbox"/> | <input type="checkbox"/> |
| | One Year Olds | <input type="checkbox"/> | <input type="checkbox"/> | | Diapered Children | <input type="checkbox"/> | <input type="checkbox"/> |
| | Infants | <input type="checkbox"/> | <input type="checkbox"/> | | R9-5-503 | | |
| | | | | | R9-5-602(C) | | |
| 1.3 | Hot Meals R9-5-509. | <input type="checkbox"/> | <input type="checkbox"/> | | Will your program(s) operate year round? | ___yes | |
| | | | | | | ___no | |

2. OUTDOOR ACTIVITY AREAS: (Include existing, modifications and additions for all ages)

- 2.1 AREA-1: Available fenced area outdoors: _____ square feet. R9-5-604.
AREA-2: Indoor substitution: _____ square feet. R9-5-603(C)(2). (if applicable)

TOTAL CAPACITY (A) = AREA-1 plus AREA-2
_____ square feet, divided by 75, multiplied by 2, equals _____ outdoor capacity.

2.2 FENCED OUTDOOR ACTIVITY AREA:

- [X] Verify local building department requirements for location(s) of unlocked gate(s). UBC 1017.12 per local code.

ARCHITECT TO VERIFY

- [X] Shade
- [X] Fence/gate enclosure: Minimum 4 ft height
- [X] Swimming pool and pool enclosure

REQUIRED

R9-5-604(F).
R9-5-604(B).
R9-5-605, R9-8-Art.8

3. **INDOOR ACTIVITY AREAS:** R9-5-603(A) and 603(B). (Include existing, modifications and additions)

Note: Place a check mark next to the modification or addition.

(25 sq.ft. for 2 yrs & Up; 35 sq.ft. for Infants and 1yrs; 50 sq.ft. if no outdoor play area and 4 hours max. per day)

*****CAPACITY**

Room Number/ Name	* Age	**DCA	Net SF	25 SF	35 SF	50 SF	Total
TOTAL CAPACITY (B)							

* Age = Age of youngest child to occupy the room.

**DCA = Diaper Changing Area - located in the room.

***Round off all capacities to the lowest whole number. (Example 14.68 would be 14 children)

4. **FIRE SAFETY SYSTEMS:** R9-5-601, 606 and 607.

REQUIRED

City and Architect to Verify

Fire Protection Systems
Fire Wall Between Bldg.

[X] City/State Fire Marshal requirements for fire walls, type of fire alarm, smoke/heat detectors, portable fire extinguishers, and automatic fire extinguishing systems if required.

- 4.1 **PUBLIC SCHOOL & CHARTER SCHOOL BLDGS WITH MORE THAN 49-OCCUPANTS:**
 (**D**) Provide a *Class A Fire Alarm System* for centers located in public/charter schools, and in centers where specifically required by the Office of the State Fire Marshal.
 Provide *Class A or B Fire Alarm* for other center locations.

5. **CONSTRUCTION:** R9-5-601.

		<u>PROVIDED</u>		<u>REQUIRED</u>
		Yes	N/A	<u>City and Architect To Verify</u>
5.1	Building construction type			[X] UBC Table 5B, local code.
5.2	Occupancy separation wall			[X] UBC 302 per local code.
5.3	Wall/ceiling finish			[X] New and Existing Buildings: Class I, II or III wall/ceiling finish, as approved per local building department and/or State Fire Marshal, per UBC 804.1.
5.4	Low glass protection			[X] R9-5-602(D) and local code.
5.5	Lighting (minimum 30 FC)			[X] R9-5-501(A)(16)(a), local code.
5.6	Separated infant room	[]	[]	--- Infant Room: Room shall be separated from other room areas by walls that continue from floor to ceiling and have full height doors. R9-5-502(A)(1). An infant room cannot be used as a passageway. R9-5-502(B)(1).
5.7	Separated kitchen area	[]	[]	--- Kitchen, Food preparation areas: Areas shall be separated from other activity areas. R9-5-509(B)(12)(13).
5.8	Separated laundry area	[]	[]	--- Laundry area: Area shall be separated from other activity, kitchen and food preparation areas. R9-5-512(C).
5.9	Factory-Built Building			[X] Factory-built buildings and their foundation systems shall be approved for permanent installation , at the facility address, by the <i>State Office of Manufactured Housing</i> (OMH), Department of Building and Fire Safety, per ARS §41-Chapter 16, R9-5-607(E). Submit copies of OMH approved documents, site plan, floor plan and foundation plan, drawn to scale. Submit <i>OMH Installation Permit</i> .

6. **EXITING: R9-5-601.**

		<u>PROVIDED</u>		<u>REQUIRED</u>
		Yes	No	<u>City and Architect to Verify</u>
6.1	Infant room exits (2)	[]	[]	--- An infant room must have two exits to be licensed for more than 5 children. R9-5-602(A).
6.2	Fire-rated corridor		[X]	UBC 1005 per local code.
6.3	44-inch corridor width		[X]	UBC 1005.2 per local code.
6.4	Exit travel distances		[X]	UBC 1003.4 per local code.
6.5	36-inch wide exit doors		[X]	UBC 1004.6 per local code.
6.6	Exit lighting (min.1 FC)		[X]	UBC 1012/1013, local code.
6.7	Accessibility		[X]	UBC 1103 per local code.
6.8	Unlocked exit doors		[X]	R9-5-501(A)(2)/601. Can be opened from inside without a deadbolt. UBC 1004.3, local code.

7. **TOILET ROOM FACILITIES: R9-5-602(B).** (Include existing, modifications and additions)

- (1) At least 1 flush toilet and 1 hand washing sink for 10 or fewer children.
- (2) At least 2 flush toilets and 2 hand washing sinks for 11 to 25 children.
- (3) At least 1 flush toilet and 1 hand washing sink for each additional 20 children.

Number of Sanitary Units Provided

One Sanitary Unit is a combination of one toilet/urinal **plus** one hand washing sink.

_____ No. of Sanitary Units

_____ No. of Toilets

_____ No. of Urinals

_____ No. of Toilet Hand Washing Sinks (drinking attachments not allowed)

TOTAL CAPACITY (C) = _____ Capacity based on sanitary units (children 2 years of age and older).

REQUIRED PER LOCAL CODE

City and Architect To Verify

7.1	Toilet spacing/clearances	[X]	Toilets shall be spaced not less than 30-inches apart. Clearance between front of toilet and wall surface shall be not less than 24-inches. UBC 2904 per local building department.
7.2	Wall/floor finish	[X]	48-inch high wall-protection (wainscot) shall be provided where toilets, urinals and sinks occur. Floor and wall finishes shall be smooth, hard, non-absorbent, materials. UBC 807 per local building department.
7.3	Accessible toilet room Wheelchair clearances Grab bars 3FT wide door	[X] [X]	BUILDINGS: Because accessibility standards are not available for children, the staff toilet room may be used. UBC 1103.1.2.4, CABO/ANSI A117.1, UBC 104.2.8 and UBC 1105 per local building department shall apply to all buildings. CABO/ANSI A117.1 4.13.5.

7.7 **ARCHITECT TO VERIFY:**

- [X] Plumbing fixtures
- [X] Toilet mechanical exhaust system
or open, screened window

REQUIRED

R9-5-602(A),602(B)and 602(C).

R9-5-501(A)(17), R9-5-512, and UBC 1202.2
per local code.

8. **OTHER FIXTURES AND EQUIPMENT**

PROVIDED

Yes No

- 8.1 Diaper Changing Area & sink [] []

Located in Room(s) # _____

REQUIRED

Infants & children with diapering
needs.

R9-5-503(A)(2) & R9-5-602(C).

City and Architect To Verify

- 8.2 Food Preparation for Hot Meals only:

- Kitchen: 3-compartment sink [X] County Health Department.
- Kitchen: hand washing sink [X] County Health Department.
- Ventilation-grease removal [X] Commercial kitchen hood: UMC 507/508 per local code.

Plumbing fixtures and equipment requirements: Verify with local County Health Department.

9. **Summary:**

- 9.1 Pursuant to R9-5-101(53), compliance to building codes and standards, fire codes, zoning, accessibility, and total child and staff capacity shall be subject to approval by the local government agency.

- 9.2 **TOTAL CHILD CAPACITY** - Is limited to the LOWEST number of the following:

- A _____ Capacity based on Outdoor Activity Area (page 2, item 2.1), or
- B _____ Capacity based on Indoor Activity Area (page 3, item 3, total at bottom of chart), or
- C _____ Capacity based on total Number of Sanitary Units (page 5, item 7) plus infants and ones
(page 3, item 3), or
- D _____ Capacity for Public or Charter Schools based on having a Fire Alarm System provided
(page 4, item 4.1). (49 occupants = children and staff)

Subject to these approvals, and to the final inspection by the Licensing Surveyor,

THE TOTAL CHILD CAPACITY may be _____ CHILDREN.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
GUIDELINES FOR FINGERPRINTING REGISTRATION**

1. Call the Department of Public Safety (D.P.S.) for Fingerprint Clearance Card Application Packet at (602) 223-2279. Included in the packet is:
 - a. *Roll card*
 - b. *Applicant Fingerprint Card Instructions*
 - c. *Applicant Fingerprint Clearance Card Application*
 - d. *Fingerprint Clearance Card Eligibility Information*
 2. Read instructions, and complete packet. Mark:
 - a. 36-897(01) & 36-897(03) to work for Small Group Homes or
 - b. 36-883(02) & 36.882 to work for a Center
 3. Call your Department of Health Services (D.H.S.) regional office at:
Phoenix – (602) 364-2539, Flagstaff – (928) 774-2707, or Tucson – (520) 628-6540 for a *Criminal History Affidavit* form.
Place original *Criminal History Affidavit* and copy of the *Applicant Fingerprint Clearance Card Application* in employee(s) personnel file.
 4. **Pursuant to A.R.S. § 36-883(02)(A)...the fingerprint application packet must be mailed within seven working days of applicant's employment or beginning volunteer work.**
Mail the rest of the packet with a check or money order to:
D.P.S. Applicant Clearance Card Team
P.O. Box 18390
Phoenix, Arizona 85005-8390
- ☛ **It is recommended that D.P.S. be called to document the status of a Clearance Card if it has not been received within 3 months.**
5. **After receipt of Clearance Card;**
 - o Make 1 copy of the card for the employee's personnel file.
- ☛ **If an employee works in more than one Facility, copies of the Clearance Card and an original *Criminal History Affidavit* must be on file at each location.**
6. New hires who have previously been fingerprinted and possess a Clearance Card:
 - a. Have the employee fill out and notarize a *Criminal History Affidavit* the first day of hire.
 - b. Place original *Criminal History Affidavit* in the employee(s) personnel file.
 - c. It is REQUIRED that D.P.S. be called to document the status of a Clearance Card within seven working days of hire.
 - d. Copy the Clearance Card for the employee's personnel file.

NOTE: WHEN SUBMITTING AN APPLICATION FOR NEW OR RENEWAL OF LICENSE/CERTIFICATE, COPIES OF *FINGERPRINT CLEARANCE CARDS* AND *CRIMINAL HISTORY AFFIDAVITS* MUST BE PROVIDED TO THE DEPARTMENT FOR SIGNATORIES OF THE APPLICATION.

RENEWAL OF FINGERPRINT CLEARANCE CARDS

NOTE: Upon renewal of an expiring *Fingerprint Clearance Card*, a new *Criminal History Affidavit* must also be completed and the original kept on file at the facility. A copy of the *Fingerprint Clearance Card Application* and the new *Fingerprint Clearance Card*, upon receipt, must be on file at the facility.

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
CRIMINAL HISTORY AFFIDAVIT

Prior to applying for a Fingerprint Clearance Card, read the following carefully to determine if you are eligible to receive a Fingerprint Clearance Card.

Applicant's Name (First, Middle, Last) Social Security Number Birthdate Area Code and Phone #

Applicant's Address (#, Street, City, State, Zip)

Facility Name

Facility Address (#, Street, City, State, Zip)

CDC/SGH #

Arizona Department of Public Safety Application #

Pursuant to A.R.S. § 36-883.02(H), for purposes of this section, "child care personnel" means any employee or volunteer working at a child care facility.
Pursuant to A.R.S. § 36-897.03(I), for purposes of this section, "child care personnel" means all employees of and persons who are eighteen years of age or older and who reside in a child care group home that is certified by the department.

Pursuant to A.R.S. § 36-883.02(C) and 36-897.03(B), child care personnel shall certify on forms that are provided by the department and notarized that:

True False

- ☐ ☐ 1. I am not awaiting trial on or have never been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.03(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction. (See attached list)
- ☐ ☐ 2. I am not a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201. (See attached)
- ☐ ☐ 3. a. For Centers: I have not been denied or had revoked a certificate to operate a child care group home or a license to operate a child care facility in this or any other state or I have not been denied or had revoked a certificate to work in a child care facility or a child care group home.
b. For Group Homes: I have not been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children.

Pursuant to A.R.S. § 36-883.02(E), and A.R.S. § 36-897.03(E), the notarized forms are confidential.

Pursuant to A.R.S. § 36-883.02(F), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to Title 41, Chapter 12, Article 3.1 or has not received an interim approval from the Board of Fingerprinting pursuant to A.R.S. § 41-619.55(I). (See attached)

Pursuant to A.R.S. § 36-897.03(F), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.03, subsection B, paragraph 2 or 3 of this section is prohibited from being registered as child care personnel and from being employed in any capacity in a child care group home.

Pursuant to A.R.S. § 36-897.03(G), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.03, subsection C shall not work in a child care group home without direct visual supervision unless the person has applied for and received the required fingerprint clearance card pursuant to §41-1758 and is registered as child care personnel. A person who is subject to this subsection shall not be employed in any capacity in a child care group home if that person is denied the required fingerprint clearance card.

Pursuant to A.R.S. § 36-883.02(G), and A.R.S. § 36-897.03(H), the employer shall notify the department of public safety if the employer receives credible evidence that any child care personnel either:

1. **Is arrested for or charged with an offense listed in A.R.S. § 41-1758.03(B).**
2. **Falsified information on the form required by subsection C for Centers, B for Group Homes, of this section.**

Applicant's Name(print)_____

NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Applicant's Signature_____

State of Arizona, County of _____)
)
)

Subscribed and sworn before me, a Notary Public, this _____ day of _____, 20____.

My Commission Expires: _____.

Notary Public's Signature

A.R.S. § 41-1758.03 Fingerprint clearance cards; issuance

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card:

1. Sexual abuse of a minor.
2. Sexual abuse of a vulnerable adult.
3. Incest.
4. First or second degree murder.
5. Sexual assault.
6. Sexual exploitation of a minor.
7. Sexual exploitation of a vulnerable adult.
8. Commercial sexual exploitation of a minor.
9. Commercial sexual exploitation of a vulnerable adult.
10. Child prostitution as prescribed in section 13-3212.
11. Child abuse.
12. Abuse of a vulnerable adult.
13. Sexual conduct with a minor.
14. Molestation of a child.
15. Molestation of a vulnerable adult.
16. A dangerous crime against children as defined in section 13-604.01
17. Exploitation of minors involving drug offenses.
18. Taking a child for the purposes of prostitution as prescribed in section 13-3206.
19. Neglect or abuse of a vulnerable adult.

C. A person who is awaiting trial on or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Manslaughter.
2. Endangerment.
3. Threatening or intimidating.
4. Assault.
5. Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs.
6. Assault by vicious animals.
7. Drive by shooting.
8. Assaults on officers or fire fighters.
9. Discharging a firearm at a structure.
10. Indecent exposure.
11. Public sexual indecency.
12. Aggravated criminal damage.
13. Theft.
14. Theft by extortion.
15. Shoplifting.
16. Forgery.
17. Criminal possession of a forgery device.
18. Obtaining a signature by deception.
19. Criminal impersonation.
20. Theft of a credit card or obtaining a credit card by fraudulent means.
21. Receipt of anything of value obtained by fraudulent use of a credit card.
22. Forgery of a credit card.
23. Fraudulent use of a credit card.
24. Possession of any machinery, plate or other contrivance or incomplete credit card.
25. False statement as to financial condition or identity to obtain a credit card.
26. Fraud by persons authorized to provide goods or services.
27. Credit card transaction record theft.
28. Misconduct involving weapons.
29. Misconduct involving explosives.
30. Depositing explosives.
31. Misconduct involving simulated explosive devices.
32. Concealed weapon violation.
33. Enticement of any persons for purposes of prostitution
34. Procurement by false pretenses of any person for purposes of prostitution.
35. Procuring or placing persons in a house of prostitution.
36. Receiving earnings of a prostitute.
37. Causing one's spouse to become a prostitute.
38. Detention of persons in a house of prostitution for debt.
39. Keeping or residing in a house of prostitution or employment in prostitution.
40. Pandering.
41. Transporting persons for the purpose of prostitution or other immoral purposes.
42. Possession and sale of peyote.
43. Possession and sale of a vapor-releasing substance containing a toxic substance.
44. Sale of precursor chemicals.
45. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs.
46. Manufacture or distribution of an imitation controlled substance.
47. Manufacture or distribution of an imitation prescription-only drug.
48. Manufacture or distribution of an imitation over-the-counter drug.
49. Possession or possession with intent to use an imitation controlled substance.
50. Possession or possession with intent to use an imitation prescription-only drug.
51. Possession or possession with intent to use an imitation over-the-counter drug.
52. Manufacture of certain substances and drugs by certain means.
53. Adding poison or other harmful substance to food, drink or medicine.
54. A criminal offense involving criminal trespass and burglary under title 13, chapter 15.
55. A criminal offense involving organized crime and fraud under title 13, Chapter 23.
56. Child neglect.
57. Misdemeanor offenses involving contributing to the delinquency of a minor.
58. Offenses involving domestic violence.
59. Arson.
60. Kidnapping.
61. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs.
62. Robbery
63. Aggravated assault.
64. Felony offenses involving contributing to the delinquency of a minor.

A.R.S. § 8-201. Definitions

In this title, unless the context otherwise requires:

13. "Dependent child":

- (a) Means a child who is adjudicated to be:
 - (i) In need of proper and effective parental care and control and who has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control.
 - (ii) Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care, or whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian, or any person having custody or care of the child.
 - (iii) Under the age of eight years and who is found to have committed an act that would result in adjudication as a delinquent juvenile or incorrigible child if committed by an older juvenile or child.
 - (iv) Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in section 13-604.
- (b) Does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described in subdivision (a) of this paragraph exists.

A.R.S. § 41-619.55 Good cause exceptions; revocation

I. Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

Application Packet

Part II

Includes:

- 1. Application Packet Instructions Part II**
- 2. Notarized License Application Form for a Child Care Facility**
- 3. Attachment to Application including Controlling Persons**
- 4. Controlling Persons Guidelines**
- 5. Director Qualifications form**
- 6. New Facility Readiness Self Checklist**
- 7. Applicant, Staff and Resident Report**

Complete and submit the following items:

A. The Notarized License Application Form for a Child Care Facility

- PART 1 - Name, address and telephone number of the child care facility.
- If a different mailing address is desired, please indicate in the space provided.
- PART 2 - Applicant is the name of the individual, corporation, partnership, limited liability company, association or cooperative, joint venture, public school, charter school, governmental agency or a business organization type other than those listed prior, responsible for the operation of the child care facility.
- PART 3 - Check ALL applicable sections: Section A, B, C, D, E, F, G, H, I, or J, and complete the applicable section(s) on the Attachment to Application.

APPLICANT'S SIGNATURE:

The application shall be signed:

- A. INDIVIDUAL – by the individual
- B. CORPORATION - by an officer of the corporation
- C. PARTNERSHIP - by two of the partners
- D. LIMITED LIABILITY COMPANY – by a manager or, a member of the limited liability company
- E. ASSOCIATION OR COOPERATIVE – by two members of the governing board
- F. JOINT VENTURE – by two of the individuals signing the joint venture agreement
- G. PUBLIC SCHOOL - by an individual designated in writing as signatory for the public school by the school governing board or school district superintendent
- H. CHARTER SCHOOL – by the person approved to operate the charter school by the district governing board, the Arizona Board of Education, or the Arizona Board for Charter Schools
- I. GOVERNMENTAL AGENCY - by the individual in the senior leadership position with the agency or individual designated in writing by that individual
- J. BUSINESS ORGANIZATION TYPE (other than those described above) – by two individuals who are members of the business organization

**- SIGNATURES MUST BE ORIGINAL AND NOTARIZED -
- NO CORRECTION FLUID MAY BE USED -**

- B. - \$150 non-refundable license fee must accompany the application -**
- (Business check, Cashier's check or Money Order only) -
- Make check payable to the Arizona Department of Health Services -

In accordance with A.R.S. § 36-883.02, prior to submitting license application, signatories must be fingerprinted and registered with the:

Department of Public Safety
Applicant Clearance Card Team
P.O. Box 18390
Phoenix, Arizona 85005-8390
(602) 223-2279

- C. A copy of the *Fingerprint Clearance Card* AND a notarized *Criminal History Affidavit* with this application to verify compliance.**
- D. *Attachment to Application*, including the Controlling Persons and Agent Information, if applicable**
- E. *Director Qualification* form with attached documentation,**
- F. *Corporation Commission Certificate of Good Standing*, dated within 6 months of application, if applicable.**

The initial license application is valid for 120 days from the date of Office of Child Care Licensing receipt. If licensing is not complete during this time a new license application and fee will be required.

SEND THE ABOVE LISTED ITEMS TO YOUR REGIONAL OFFICE OF CHILD CARE LICENSING AT:

_____ 150 North 18th Avenue, Suite 400, Phoenix, Arizona 85007
_____ 400 West Congress, Suite 100, Tucson, Arizona 85701
_____ 1500 East Cedar Avenue, Suite 22, Flagstaff, Arizona 86004

AMERICANS WITH DISABILITIES ACT

This publication can be made available in alternative format. Please contact the Office of Child Care Licensing at 602-364-2539 or 1-800-615-8555, or log on to <http://www.azdhs.gov/als/childcare/index.htm>

ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing
NOTARIZED LICENSE APPLICATION FORM FOR A CHILD CARE FACILITY

A.R.S. Title 36-Chapter 7.1

PUBLIC RIGHT TO KNOW: The case records regarding this Child Care Facility are available for inspection at the Office of Child Care Licensing, 1500 East Cedar Avenue, Suite 22, Flagstaff, 400 West Congress, Suite 100, Tucson, or 150 North 18th Avenue, Suite 400, Phoenix.

1. Name of Facility _____
Child Care Facility _____ Phone Number _____
Facility Street Address _____ Fax Number _____
City _____ Zip _____ County _____
Mailing Address _____
(if different) _____ City _____ State _____ Zip _____
2. Applicant _____
(Name of organization applying for license)
3. **TYPE OF BUSINESS ORGANIZATION - COMPLETE ALL APPLICABLE SECTIONS & THE ATTACHMENT TO APPLICATION**
- ☐ A. Individual
- ☐ B. Corporation
- ☐ C. Partnership
- ☐ D. Limited Liability Company
- ☐ E. Association or Cooperative
- ☐ F. Joint Venture
- ☐ G. Public School
- ☐ H. Charter School
- ☐ I. Governmental Agency _____ Federal _____ State _____ County _____ Municipal _____
- ☐ J. Other Business Organization Type not listed above

I project I will be ready for an inspection by _____.
(MM/DD/YY)

I agree to allow the Department to submit supplemental requests for information.

I have read and understand the statutes and rules of the Arizona Department of Health Services for Child Care Facilities, and I will comply with those statutes and rules.

I am at least 18 years of age.

I affirm that no Controlling Person has been denied a Certificate to operate a Child Care Group Home or a License to operate a Child Care Facility for the care of children in this state or another state or has had a License to operate a Child Care Facility or a Certificate to operate a Child Care Group Home revoked for reasons that relate to the endangerment of the health and safety of children.

Under penalty of law, I declare that the information provided in the application is accurate and complete.

Print Name/Title Signature

Print Name/Title Signature

STATE OF ARIZONA)
COUNTY OF _____) ss

Subscribed and sworn to before me this _____ day of _____, 20_____

by _____ and _____
(name of signatory) (name of signatory)

Notary Public _____ My Commission Expires _____

ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing

CHILD CARE CENTER ATTACHMENT TO APPLICATION

COMPLETE ALL APPLICABLE SECTIONS

- A. ☐ **INDIVIDUAL** – must be 18 years of age, a U.S. citizen or legal resident alien and a resident of Arizona.
Attach a copy of one: A U. S. passport, a birth certificate, naturalization documents or documentation of legal resident alien status.
- B. **CORPORATION** – must be a domestic entity or a foreign entity qualified to do business in Arizona
1. Address _____
 2. Attach:
 - ☐ a. A copy of Articles of Incorporation
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. Arizona Corporation Commission Certificate of Good Standing dated within six months before the date of application.
- C. **PARTNERSHIP**– must have at least one partner who is a U. S. citizen or legal resident alien and a resident of Arizona.
1. Address _____ Phone _____
 2. Attach:
 - ☐ a. Partnership documents, if available.
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one partner.
- D. **LIMITED LIABILITY COMPANY** – must be a domestic entity or a foreign entity qualified to do business in Arizona.
1. Address _____ Phone _____
 2. Attach:
 - ☐ a. Limited Liability Company documents
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. Arizona Corporation Commission Certificate of Registration dated within six months before the date of application.
- E. **ASSOCIATION or COOPERATIVE** – must be a domestic entity or a foreign entity qualified to do business in Arizona.
1. Address _____ Phone _____
 2. Attach:
 - ☐ a. Articles of organization
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
 - ☐ c. A copy of a U.S passport, a birth certificate, naturalization documents or documentation of legal resident alien status for one association member.
- F. **JOINT VENTURE**
1. Address _____ Phone _____
 2. Attach:
 - ☐ a. Joint venture documents, if applicable.
 - ☐ b. List showing name, title and address of each officer and board member or trustee.
- G. **PUBLIC SCHOOL**
1. Address _____ Phone _____
 2. Attach:
 - ☐ Letter from the school governing board or school district superintendent designating a signatory, if applicable.
- H. **CHARTER SCHOOL**
1. Address _____ Phone _____
 2. Attach:
 - ☐ Letter from the person approved to operate the charter school by the district governing board, the Arizona Board of Education, or the Arizona Board for Charter Schools designating a signatory, if applicable.

I. GOVERNMENTAL AGENCY

- 1. Agency Address _____
- 2. Attach:
 - ☐ a. List showing name, title and address of each officer and board member or trustee.
 - ☐ b. Letter from the individual in the senior leadership position designating an individual as signatory, if applicable.

J. BUSINESS ORGANIZATION – other than those listed above

- 1. Address _____ Phone _____
- 2. Attach:
 - ☐ a. List showing name, title and address of each officer and board member or trustee.
 - ☐ b. A copy of the business organization’s documents

CONTROLLING PERSONS INFORMATION:

See A.R.S. § 36-881.4 Controlling Person means a person who:

- a. Has through ownership, the power to vote at least ten per cent of the outstanding voting securities.
- b. If the applicant or licensee is a partnership, is the general partner or a limited partner who holds at least ten per cent of the voting rights of the partnership.
- c. If the applicant or licensee is a corporation, an association or a limited liability company, is the president, the chief executive officer, the incorporator, an agent or any person who owns or controls at least ten per cent of the voting securities.
- d. Holds a beneficial interest in ten per cent or more of the liabilities of the applicant or the licensee.

Printed Name	Title	Address	Social Security #	Date of Birth

DESIGNATED AGENT INFORMATION:

A. R.S. § 36-889(D) Each applicant or licensee shall designate an agent who is authorized to receive communication from the Department, including legal service of process, and to file and sign documents for the applicant or licensee
The designated agent for a corporation, association or limited liability company must be a controlling person under 36-881.4.
The designated agent must be a resident of this state.

Agent Name: _____ Resident Address: _____

Business Address: _____

Resident Phone Number: (____) _____ Business Phone Number: (____) _____

Resident Fax Number: (____) _____ Business Fax Number: (____) _____

Attach a copy of one of the following for the designated agent:

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status.

*Social Security Number is required by the Arizona Administrative Code R9-5-201.A.5.1.ii. for issuance of a child care license. Address and Social Security Number are confidential and will be redacted from public files.

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING
CONTROLLING PERSONS GUIDELINES

<i>ORGANIZATION</i>	<i>CONTROLLING PERSONS</i>
Partnership	General Partner Any Limited Partner who holds at least ten per cent of voting rights
Corporations, Associations, Limited Liability Company, Municipal Corporations/Agencies	President Chief Executive Officer Incorporator Agent Any person owning or controlling at least ten per cent of the voting securities
School Districts, Counties	Designated Agent
Other	Owner(s) having the power to vote at least ten per cent of the outstanding voting securities Any person holding a beneficial interest in at least ten per cent of the liabilities of the applicant or licensee

* These are general guidelines and NOT all-inclusive. The actual controlling person must be determined on a case-by-case basis by the organization.

**Arizona Department of Health Services
Office of Child Care Licensing**

CDC # _____
L.S. # _____

COMPLETE AND RETURN TO:

☐ 150 NORTH 18TH AVENUE, SUITE 400
PHOENIX, ARIZONA 85007
Phone: (602) 364-2539

☐ 400 WEST CONGRESS, SUITE 100
TUCSON, ARIZONA 85701
Phone: (520) 628-6540

☐ 1500 EAST CEDAR AVENUE, SUITE 22
FLAGSTAFF, ARIZONA 86004
Phone: (928) 774-2707

DIRECTOR QUALIFICATIONS

Name _____ Facility Telephone # _____

Facility Name _____ License No. _____

Facility Address _____ City _____ Zip _____

- A. I am at least 21 years of age and will accept the primary responsibility for the daily administration and operation of the facility, as I possess the following minimum qualifications: (Check appropriate box.)

ACADEMIC EXPERIENCE

**CHILD CARE
QUALIFYING EXPERIENCE**

- | | | |
|--|-----|--------------------|
| <input type="checkbox"/> 1. A high school diploma or high school equivalency diploma and at least six hours of academic course work or 60 hours of documented workshop experience in early childhood education or child development. | AND | Twenty-four months |
| <input type="checkbox"/> 2. N.A.C., C.D.A., C.C.P., or C.P.C. Credential. | AND | Eighteen months |
| <input type="checkbox"/> 3. A minimum of 24 credit hours from an accredited college or university, including at least six hours of academic course work in early childhood education, child development or closely related field. | AND | Eighteen months |
| <input type="checkbox"/> 4. An associate degree in early childhood education, child development or closely related field. | AND | Six months |
| <input type="checkbox"/> 5. Bachelor's degree in early childhood education, child development or closely related field. | AND | Three months |

- B. Describe briefly and specifically your qualifying experience. Include dates, positions held in relation to child care and responsibilities. (Note: "qualifying experience" means verifiable experience working directly with a group of children during a specified time period in any licensed child care facility, elementary education program, or in fields of nursing, social work, psychology, or other fields related to child growth or development.)

BE SURE TO INCLUDE WRITTEN DOCUMENTATION OF THE ABOVE.

Beginning Date	Ending Date	Name, Address, Phone Number Of Facility	Position	Description of Experience	Hours Per Week

(PLEASE COMPLETE REVERSE SIDE)

C. Describe briefly your educational background:

	Name and Location	Course of Study	Diploma/GED Date	Credits or Degrees Obtained
High School				
College or University				
Other Educational Facility				
Workshops:				
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
Attach documentation of education AND at least 6 hours of academic course work, or 60 hours of workshop experience, or a combination of academic course work and workshop experience. Retain copies of all documentation in Director's File on site.				

D. I have provided the facility with the name, address and telephone number of the following, including at least one written response from each category.

- ☐ Two (2) professional references; and
- ☐ Two (2) character references.

R9-5-402(A).12, "At least 2 personal and 2 professional references, including at least one written personal reference and at least one written professional reference from a previous employer, and documentation of the licensee's good faith effort to contact each reference."

Optional: You may attach additional information such as copies of resume, references, etc.

I hereby declare that the above information is accurate and complete.

Signature of Applicant

Date

For OCCL Use Only:	
DOCUMENTATION RECEIVED, REVIEWED AND APPROVED	LS/TL Initials
	Date

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING**

NEW FACILITY READINESS SELF CHECKLIST

Ready
Not
Applicable

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Qualified director (Qualification form & attachments submitted to DHS) R9-5-401.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement of Services (Parent Handbook) (See training book) R9-5-302.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Liability Insurance R9-5-308.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of vehicle insurance, if applicable R9-5-308.A |
| <input type="checkbox"/> | <input type="checkbox"/> | Violation free sanitation inspection (for kitchen, school cafeteria or Catering permit if food is catered) R9-5-309.A.1 and R9-5-509.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Violation free fire inspection R9-5-309.A.3. |
| <input type="checkbox"/> | <input type="checkbox"/> | Violation free gas inspection (if gas lines are present on the premises) R9-5-309.A.2. |
| <input type="checkbox"/> | <input type="checkbox"/> | Class attendance roster for each activity area. R9-5-306.B. |
| <input type="checkbox"/> | <input type="checkbox"/> | Log to record communicable illnesses and infestations R9-5-515.D. |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication procedures if applicable R9-5-516.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation procedures if applicable R9-5-517. |
| <input type="checkbox"/> | <input type="checkbox"/> | Field trip procedures if applicable R9-5-518. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sign in and out procedures for children R9-5-306.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Daily attendance procedures for all staff and director R9-5-301.A.3. |
| <input type="checkbox"/> | <input type="checkbox"/> | First aid kit R9-5-514.A.1-8. |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire evacuation maps near fire exits in each room R9-5-514.C. |
| <input type="checkbox"/> | <input type="checkbox"/> | Accident, evacuation, and emergency plan accessible to staff/posted R9-5-514.B.1-5/E. |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoke detectors, fire alarm as required by local fire department R9-5-601.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguisher mounted in classrooms or as required by local fire department R9-5-606. |
| <input type="checkbox"/> | <input type="checkbox"/> | Log to record monthly fire drills R9-5-301.J. |
| <input type="checkbox"/> | <input type="checkbox"/> | Daily activity schedule in each room R9-5-501.B.5. |
| <input type="checkbox"/> | <input type="checkbox"/> | Weekly lesson plan for each room R9-5-501.B.6 |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment and toys set up and ready for children R9-5-501.A.6 |
| <input type="checkbox"/> | <input type="checkbox"/> | Playground with shade, resilient fall surface (minimum 6 inches), fence R9-5-604 |
| <input type="checkbox"/> | <input type="checkbox"/> | Garbage can for food waste with liner and lid R9-5-512.D.4. |
| <input type="checkbox"/> | <input type="checkbox"/> | Drinking water in classrooms and on playground (coolers are acceptable) R9-5-501.A.4. |
| <input type="checkbox"/> | <input type="checkbox"/> | Toxic and flammable materials locked R9-5-501.A.20. |
| <input type="checkbox"/> | <input type="checkbox"/> | Soap, running water, individually dispensed mounted paper towels or air hand dryer, mounted toilet paper in bathrooms R9-5-512.D. |
| <input type="checkbox"/> | <input type="checkbox"/> | Area designated near entrance with required posted items (see training book) R9-5-303.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff in charge in director's absence meets qualifications R9-5-301.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Menu R9-5-509.B.14. |
| <input type="checkbox"/> | <input type="checkbox"/> | Required Emergency Information and Immunization record cards for children accessible to staff R9-5-304.B.1-10. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff files (see training book) R9-5-402.A.1-12. |
| <input type="checkbox"/> | <input type="checkbox"/> | Licensing File for all inspections A.R.S. § 36-882.L. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleeping Materials and Equipment if applicable R9-5-511.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Quiet time cot or mat, sheet and blanket for each activity area R9-5-501.A.11. |
| <input type="checkbox"/> | <input type="checkbox"/> | Standards for diaper changing areas if applicable R9-5-503.A. and R9-5-602.C. |
| <input type="checkbox"/> | <input type="checkbox"/> | Standards for Infants if applicable R9-5-502.A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of required staff with current first aid and C.P.R. certificates R9-5-403.E. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure that asphalt or concrete are not used under swings or climbing equipment unless as a base for rubber surfacing R9-5-604.E. |

LS_____

Address _____ City _____ Zip _____

[illegible]

Date _____